



HAWAII STATE ETHICS COMMISSION  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION  
JAN 10 P 2 58

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon	T.	488-3533
MAILING ADDRESS (Street)			FAX
99-1362 Palaialii Pl.			
(City)	(State)	(Zip Code)	
Aiea	HI	96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Okudara & Associates, Inc.			534-1244
MAILING ADDRESS (Street)			FAX
333 Queen St, #902			534-1247
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Maui Land & Pineapple Company, Inc.		(808)8773882
MAILING ADDRESS (Street)		FAX
120 Kane Street		(808)8714375
(City)	(State)	(Zip Code)
Kahului	Hawaii	96732
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Warren A. Suzuki		(808)8773882
MAILING ADDRESS (Street)		FAX
120 Kane Street		(808)8714375
(City)	(State)	(Zip Code)
Kahului	Hawaii	96732

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

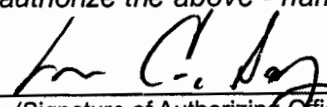
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/9/06  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Warren A. Suzuki		Senior Vice President/ Government Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Maui Land & Pineapple Company, Inc.		(808) 8773882	
MAILING ADDRESS (Street)		FAX	
120 Kane Street		(808) 8714375	
(City)	(State)	(Zip Code)	
Kahului	Hawaii	96732	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/10/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	